

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 01/23/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 01/27/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	550	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	290	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	124	1032	1172	140
		8931	98	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404904	WESTERN HIGHLAN DS LME	21	706	DUPLICATE OF CLAIM-SYSTEM				
		8511	360	CLAIM DENIED, NO BUDGET CRITER IA FOUND	145	1776	3917	2141
		8599	286	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8599	1662	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	717	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	17	3287	10355	7068
		8511	474	CLAIM DENIED, NO BUDGET CRITER IA FOUND				
3404912	CATAWBA COUNTYM ENTAL HEALT	8511	117	CLAIM DENIED, NO BUDGET CRITER IA FOUND				
		11	57	CLIENT NOT ELIGIBLE ON SERVICE DATE	19	202	262	60
		8931	13	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	191	11554	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8329	1393	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	734	15605	21200	5595
		8000	1139	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404916	CROSSROADS BEHA VIORAL HEAL	8511	305	CLAIM DENIED, NO BUDGET CRITER IA FOUND				
		8517	183	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	2	649	2106	1457
		8518	58	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404917	CENTERPOINT HUM AN SERVICES	11	218	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8511	125	CLAIM DENIED, NO BUDGET CRITERIA FOUND	44	546	1119	573
		8329	118	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
3404918	ROCKINGHAM CO MENTAL HEALTH	191	38	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
		21	21	DUPLICATE OF CLAIM-SYSTEM	19	108	356	248
		8935	16	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404919	GUILFORD CO MENTAL HEALTHC	8599	229	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	62	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	95	437	5102	4665
		191	40	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404920	ALAMANCE CASWELL AREA MHD	8599	542	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	57	CLIENT NOT ELIGIBLE ON SERVICE DATE	38	710	3084	2374
		8931	27	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404921	ORANGE PERSON CENTER HATHAM AREA	5312	3478	PRIOR AUTHORIZED DOLLARS EXCEEDED				
		8599	164	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	21	4042	6686	2644
		27	117	DIAGNOSIS CODE MISSING OR INVALID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404922	THE DURHAM CENTER	21	60	DUPLICATE OF CLAIM-SYSTEM				
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	83	446	363
3404923	VOGFW AREA AUTHORITY	8000	336	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL				
		8511	143	CLAIM DENIED, NO BUDGET CRITERIA FOUND	0	677	1664	938
		21	64	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTER FOR MH/DD	8517	552	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		21	469	DUPLICATE OF CLAIM-SYSTEM	14	2327	3115	788
		8599	274	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404926	SOUTHEASTERN RE G MENTAL HL	11	1948	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8511	184	CLAIM DENIED, NO BUDGET CRITERIA FOUND	49	2561	5181	2540
		120	102	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404927	CUMBERLAND CO M HC	8599	1106	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	359	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	0	1696	1981	285
		8511	134	CLAIM DENIED, NO BUDGET CRITERIA FOUND				
3404929	LEE HARNETT MH/ DD/SAS	11	169	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8511	45	CLAIM DENIED, NO BUDGET CRITERIA FOUND	0	221	323	102
		143	3	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404930	JOHNSTON COUNTY MNTL HLTHC	21	30	DUPLICATE OF CLAIM-SYSTEM				
		8935	2	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	3	34	505	471
		8931	1	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	8599	381	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	121	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	40	740	17144	16404
		8000	73	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL				
3404932	RANDOLPH/SANDHILLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	143	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	63	CLIENT NOT ELIGIBLE ON SERVICE DATE	36	428	2378	1950
		8511	47	CLAIM DENIED, NO BUDGET CRITERIA FOUND				
3404934	ONslow COUNTY B BEHAVIORAL H	8511	100	CLAIM DENIED, NO BUDGET CRITERIA FOUND				
		8800	23	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	161	612	451
		8599	11	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8511	48	CLAIM DENIED, NO BUDGET CRITERIA FOUND				
		8800	42	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	5	109	283	174
		21	8	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGEcombe NASH MNTL HLTH C	21	64	DUPLICATE OF CLAIM-SYSTEM				
		8511	45	CLAIM DENIED, NO BUDGET CRITERIA FOUND	0	169	343	174
		8505	36	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
3404938	YGFW DBA RIVERS TONE COUNSEL	8511	136	CLAIM DENIED, NO BUDGET CRITERIA FOUND				
		8599	32	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	10	192	1881	1689
		24	11	PROCEDURE CODE, PROCEDURE/MODIFIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATION				
3404939	NEUSE MENTAL HEALTH CENTER	8511	106	CLAIM DENIED, NO BUDGET CRITERIA FOUND				
		11	94	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	252	288	36
		8800	51	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404941	PITT CO MH/DD/S AS CENTER	11	221	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	74	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	17	416	1454	1038
		8329	38	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
3404942	ROANOKE CHOWAN UMAN SERVIC	8511	176	CLAIM DENIED, NO BUDGET CRITERIA FOUND				
		8800	37	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	5	255	625	370
		8599	26	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTAL HEALTH CE	11	24	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	24	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	20	123	785	662
		8931	13	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
3404944	EASTPOINTE HUMA	8511	232	CLAIM DENIED, NO BUDGET CRITERIA FOUND			CLAIMS
	N SERVICES						PAID
		11	66	CLIENT NOT ELIGIBLE ON SERVICE DATE	14	362	1915
							1553
		8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL			
3404946	FOOTHILLS AREAM	11	533	CLIENT NOT ELIGIBLE ON SERVICE DATE			
	ENTAL HEALT						
		8599	375	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	11	1173	3133
		8000	224	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL			1960
3404957	TIDELAND MENTAL	8000	97	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL			
	HEALTH CTR						
		8599	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	20	341	3329
		8800	84	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			2988
3404979	NEW RIVER AREAM	8505	2109	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
	H/DD/SA PRO						
		8800	413	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	12	2560	3140
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			580